

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018212

STATE FILE NUMBER

DO NOT WRITE
IN THIS SPACE

AMENDED

Registration District No.

43

Primary Registration District No.

3007

Registrar's No.

802

FILED MAY 28 1962

VS 300
Rev. 4/59

10128

20900

3

4

5

6

7

8

94500

10

11

123-0

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

Butler

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Poplar BluffLength of stay in lb
3 weeksc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Loey Loe HospitalInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Reynolds

c. CITY
OR TOWN Van Buren RR3Inside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
Junction Highway 34-21Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Willie

Ann

Morris

4. DATE OF DEATH

Month May

Day 19

Year 1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1-4-1892

9. AGE (last birthday)

67

IF UNDER 1 YEAR IF UNDER 24 HR

Months 4 Days 12 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Vernon, TEXAS

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Jetherox Pigford

13b. MOTHER'S MAIDEN NAME

Mary Jane Fox

14. NAME OF HUSBAND OR WIFE

John Morris

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT Address

John Morris Van Buren RR3 Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Gen A.S. E

uremia

INTERVAL BETWEEN ONSET AND DEATH

unknown

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 5-9-62 to 5-19-62 and last saw her alive on 5-19-62
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

John R. Loughhead, M.D.

22b. ADDRESS

Poplar Bluff, Missouri

22c. DATE SIGNED

5-23-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

5-21-62

23c. NAME OF CEMETERY OR CREMATORY

Masonic

23d. LOCATION (City, town, or county)

Ellington

23e. STATE

Mo.

24. FUNERAL DIRECTOR

ADDRESS

William E. Padmont

25. DATE RECD. BY LOCAL REG.

5/25/1962

26. REGISTRAR'S SIGNATURE

Thelma Graham

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

JUN 5 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Ceder Funeral Home, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William Coker

Licensed Embalmer No. 3723

P. O. Address Piedmont, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.